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Bib Data Sheet

CONFIRMATION NO. 7993

SERIAL NUMBER 10/644,807	FILING DATE 08/21/2003 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PS735
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*XZ 11/3/2005
see petition to
correct inventorship
10/17/05*

** CONTINUING DATA *****

This application is a CON of PCT/US02/05064 02/21/2002
 which claims benefit of 60/270,658 02/23/2001
 and claims benefit of 60/304,444 07/12/2001

XZ 10/31/2005

** FOREIGN APPLICATIONS *****

None *XZ 10/31/2005*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>XZ</i>	

ADDRESS

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TITLE

ANTIBODIES TO HQAHD50 POLYPEPTIDE

<p>FILING FEE RECEIVED 1036</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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